

**FAX TRANSMISSION****DATE:** February 19, 2008**PTO IDENTIFIER:** Application Number 10/679,985-Conf. #4773
Patent Number**Inventor:** Dzhakhangir V. Khaydarov**MESSAGE TO:** Office of Patent Publication**FAX NUMBER:** (571) 273-2885**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Brandi M. Grandinetti**PHONE:** (202) 478-7379**Attorney Dkt. #:** 69856(303588)**PAGES (Including Cover Sheet):** 7**CONTENTS:** Transmittal Form (1 page)
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PTO/SB/21 (10-07)

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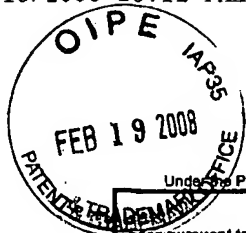
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/679,985-Conf. #4773
	Filing Date	October 6, 2003
	First Named Inventor	Dzhakhangir V. Khaydarov
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	69856(303588)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
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Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Brandi M. Grandinetti		
Date	February 19, 2008	Reg. No.	56,955



PTO/SB/17 (10-07)
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FEE TRANSMITTAL For FY 2008 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.	10/679,985-Conf. #4773 October 6, 2003 Dzhakhangir V. Khaydarov Not Yet Assigned N/A 69856(303588)
TOTAL AMOUNT OF PAYMENT (\$) 1,746.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 =	x	=		Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,440.00
1504 Publication fee for early, voluntary, or normal ...	300.00
8001 Printed copy of patent w/o color	6.00

SUBMITTED BY			
Signature	<i>Brandi M. Grandinetti</i>	Registration No. (Attorney/Agent)	56,955
Name (Print/Type)	Brandi M. Grandinetti	Telephone	(202) 478-7379
		Date	February 19, 2008



PTD/SB/97 (09-04)
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Application No. (if known): 10/679,985

Attorney Docket No.: 69856(303588)

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